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necessary to make available facilities for elementary and secondary education particularly in the rural areas so that a definite plan may be evolved which will not be subjected to frequent changes'.

The resolution was duly seconded.

THE HON. SRI R. VENKATARAMAN : Mr. Chairman, Sir, I move—

'That the discussion on the Resolution be postponed to the next non-official day'.

Sir, the Hon. Minister is not in station and we would prefer him to deal with the subject. We agreed to the motion being moved because we wanted the hon. Member Dr. Chidambaranathan to have priority on the next non-official day.

MR. CHAIRMAN : The question is—

'That the discussion on the Resolution to be postponed the next non-official day'.

The motion was put and carried.

The hon. Member Sri G. Krishnamoorthy rose.

MR. CHAIRMAN : There is not going to be any discussion on this resolution.

SRI G. KRISHNAMOORTHY : On a point of explanation, Sir.

MR. CHAIRMAN : Not now. The hon. Member should not waste the time of the House.

(2) MEDICAL RELIEF IN THE STATE.

MR. CHAIRMAN : We will now take up the resolution standing in the name of the hon. Member Sri K. Balasubramanya Ayyar.

SRI K. BALASUBRAMANYA AYYAR : Mr. Chairman, Sir, I move:

'This Council recommends to the Government that a Committee be appointed to consider the present position of medical relief in the State, the working of the rural health centres and hospitals, and the extent to which medical relief is made available; and to suggest ways and methods by which hospital administration may be improved taking note of the following factors : (a) that the medical and nursing staff be given opportunities to function efficiently; (b) that steps be taken immediately to concert measures to bring contagious and infectious diseases under control and ultimately to eradicate such diseases; and (c) that the recommendations of all India Committees that have been constituted to report on the health conditions in the country be taken into consideration and such recommendations as are feasible be implemented at an early date in the medical administration of the State'.

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SRI S. K. SAMBANDHAN : I second the Resolution, Sir.

MR. CHAIRMAN : The Resolution is before the House for discussion.

SRI K. BALASUBRAMANYA AYYAR : Mr. Chairman, Sir, this Resolution deals with a very important matter, namely, the health conditions and medical relief in our State which is one of the primary concerns of a Welfare State. Ever since we attained independence, the Government of our country have been very anxious to promote the health of the people, to give adequate facilities for medical relief, to see that large hospitals and dispensaries are established throughout the country, especially in the rural areas and also to see that the existing hospitals are not overcrowded and sufficient beds are provided for the treatment of patients. As a matter of fact, in this large attempt the Government have not yet succeeded fully. They have not yet brought about a satisfactory condition of affairs. There are still many improvements to be carried out and steps taken are still inadequate. Therefore it is that I have made bold to move this Resolution for the appointment of a Committee. 3-50 p.m.

As you know, Sir, many committees have been appointed by the Government of India and by this State Government also. We had the Bhore Committee, the Health Survey and Planning Committee of the Government of India and the Committee apointed by the Government of India. Fortunately for me, Sir, today the Indian Express has given a fairly full report of the recommendations of the Madras Committee. Before this was published, we did not know anything about it.

The present state of affairs is this. In the Administration Report for the year 1959—that is the latest report available—I find in the last paragraph special mention made by the Director of Medical Services about the inadequacy of medical personnel, and the difficulty in obtaining proper persons to manage the rural health centres, the difficulty of finding people for posts already sanctioned. That is the state of affairs to which special attention has been drawn in the last paragraph of the administration report for the year 1959. There are about 871 hospitals and dispensaries in the State of which State and public dispensaries are about 323 and the local fund dispensaries about 356. For this State this is a very small number, to give medical relief to the large population residing in our villages. And doctors are not available to man these rural health centres. As a matter of fact, there has been a huge complaint all round, throughout India that doctors are not coming forward in sufficient numbers to man these rural dispensaries and health centres. Unfortunately, on account of the various difficulties which the doctors have to undergo like want of facilities for the education of their children, want of better amenities in the villages, etc., they are not willing to go to the villages to take up their posts. Yesterday the Hon. Minister stated that four doctors were not posted to four primary health centres in South Arcot District. The Hon. Minister also stated that one

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doctor resigned his appointment the moment he was appointed in a rural place. Dr. Sushila Nayyar in the Ministry of Health in the Union Government the other day made four or five suggestions for the purpose of taking in a sufficient number of doctors in the rural centres. Those suggestions also have to be considered. The suggestions are that for the purpose of crossing the efficiency bar, they should take into consideration the work of the doctor in a rural centre. Another suggestion is that the confirmation of new entrants may be deferred till they work in a rural centre for a certain period. A third suggestion is that doctors should be asked to go in mobile vans for a few hours to the villages and give medical relief to the people there. The fourth suggestion is the enforcement of compulsory service in the case of post-graduates for a certain period in the rural areas. The question is whether the suggestions could be implemented, and how far it is possible to implement all of them without affecting the medical personnel in our country and without impairing their efficiency. Another suggestion is that scholarships may be given for five or six years to the students on an undertaking from the students that they would work for a stated period in rural medical centres. How far this can be enforced, and how far it will be possible for us really to secure the services of doctors, is a matter for consideration. So far as our experience is concerned, even though they have given the undertaking and executed the bond, they still have left their appointments and gone elsewhere. If any amount is to be refunded by them, they are prepared to refund it.

The Health Survey and Planning Committee has also made various suggestions for the purpose of attracting doctors to work in the rural areas. One of the suggestions is to give a compensatory non-practice allowance. Another suggestion is to give the doctors proper residential quarters in the rural areas. They should also be given improved scales of pay. They should be exempted from the upper age limit. Another suggestion is that retired medical officers must be recruited. These are all suggestions that have been given by responsible persons. All these have to be considered. Otherwise, the state of affairs will remain unsatisfactory. The report given by the Dr. A. L. Mudaliar Committee, appointed by the Government of India, specially directs our attention to the great overcrowding in the out-patient wards in the General Hospital and the Royapettah Hospital and other places. This committee has also made suggestions for the efficient working of the dispensaries, especially in the rural areas, and also of the hospitals in the urban areas. Everyone admits that on account of the dearth for the medical personnel and on account of the changes that have taken place in modern conditions, there has been great difficulty in implementing all our plan schemes. For example, the third five-year plan schemes speak of the establishment of hospitals with a large bed strength. All these schemes will be frustrated on the rock of the dearth of the medical personnel and the non-enthusiasm of the people to come forward to work in the rural centres and give relief to the people. That is why there is necessity for improving the service conditions of doctors. Various

other suggestions have also been made, and I do not want to go into all those things fully. But I want to make out a case for the appointment of a committee to go into the present position of medical relief in the State and to suggest ways and methods by which hospital administration may be improved. For about five years various suggestions have been made. But nothing has been done. It is right and proper that a committee of experts should be appointed to go into the whole question to see how far the suggestions can be implemented and how far they will yield results as far as the medical relief and the manning of rural health centres are concerned. Therefore it is I am stating that this Resolution should be accepted. In reply to questions by Mr. Raza Khan previously, the answer was given by the then Health Minister that during the last five years about 128 doctors had resigned. Most of them had resigned to better their prospects elsewhere.

One of the suggestions of the Health Survey Committee is the improvement in the scales of pay and allowances. All these things have to be taken into consideration. The medical profession especially is an exacting profession. The medical profession has at times to work all the twenty-four hours. Heavy sacrifice is also necessary on the part of the profession. The Health Survey Committee drew attention to the fact that under British rule the doctors went to certain areas of their own accord. The doctors then were taken to malarial areas in the agency tracts to work there. They worked with missionary zeal. But that is not possible now. As a special case, they have been asked to go to agency tracts. Now doctors cannot be sent to the hospitals in the villages if the hospitals have not got sufficient equipment. The other day Mr. Rajagopalachari stated in one of the speeches that mobile vans were not available in many areas. Therefore, the patients cannot be suddenly taken to the nearest health centre for any operation. The hospitals must be provided with the modern medicine and modern amenities also. There should be the proper apparatus. I am not a medical man. I can only say the hospital equipment should be modern. The hon. the Leader of the Opposition also will speak on the Resolution, and he will tell graphically the difficulties and the steps to be taken to overcome those difficulties in running the hospitals and dispensaries very efficiently. I think the time has come now to take note of the situation. At least for the last five years we have been making strenuous efforts for improving the medical relief in our State. But we have not succeeded. Therefore, some steps are necessary to meet the situation. A committee is absolutely necessary to go into all these questions. The Government of India have appointed many committees, and they have made many suggestions. Those suggestions can be taken into consideration. This committee can go into the whole question to help the Minister of Health. It is no reflection on the present Minister of Health. She is here only just now. There is a large population in the villages suffering from diseases. All these things have to be taken into consideration in regard to provision of effective medical relief. The question of availability of medical personnel is also there. Therefore, great 4-00 p.m.

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improvement has to be made in the general conditions of service and salaries of doctors so that we may attract a number of good doctors to go to the villages. Dispensaries also have to be properly equipped. All these things require careful scrutiny. Therefore, I think the time has come for the appointment of a committee. Appointment of a committee is no reflection on the administration of medical relief up till now. On account of the various difficulties that we are facing at the present juncture, we feel that a committee may be appointed for the purpose of looking into them. There is the valuable report produced by one of the greatest doctors of our own country who is now the President of the World Health Organisation. Such an important and authoritative advice we cannot get from any other person. Let us utilise his services and also the services of other expert doctors. Madras State has always been reputed to produce very good doctors. We can take their advice. Government may profit by their advice. Steps should be taken to improve the Health Centres. Medical relief should be given efficiently. There is also need for an emergency ward. Urgent cases will have to be treated immediately. There should be sufficient staff for this purpose. All these things require very careful attention. Therefore, I have made bold to bring this Resolution before this House. The Hon. Minister may consider it and if she considers it feasible, she may accept the Resolution and appoint a committee forthwith which will help us in the organisation of providing medical relief both in the City and in the villages.

SRI T. P. SRINIVASAVARADAN : Sir, in seconding this Resolution, I have got a few observations to make. My claim for speaking on this Resolution is that I have been an in-patient in the Royapettah Hospital for about three weeks and I know something about the working of the hospital. I was able to get some information by questioning the hospital staff there. Let us take the nursing staff. It is put down that for every eight patients there must be a nurse. The sanctioned bed-strength in the Royapettah hospital is 240. There are thirty nurses. Fifteen nurses have to attend on 240 patients in day time and another batch of 15 nurses during night time. Therefore, 16 patients have to be looked after by one nurse.

Another thing is this. On many days some of these nurses apply for leave and they are absent. Therefore, I found on one day one nurse had to look after nearly 60 beds. Moreover, the nurses have also a lot of clerical work to do. They have got to maintain accounts about the number of slices of bread, biscuits, fruit and bed-sheets distributed. So, the nurse has no time at all to attend to the patients.

I am also a member of the Royapetta Hospital Advisory Committee. Once in three months we meet and discuss. We found that the actual bed-strength was nearly 360 while the sanctioned bed-strength was only 240. Therefore, although the nurses are very good and capable, it is humanly impossible to attend to the number of patients allotted to them. Therefore, the nursing staff must really be strengthened.

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Next, some of the lavatories are not cleaned properly because there are not enough scavengers. They are understaffed.

Mr. CHAIRMAN : The committee, if appointed, can go into all these things. What is the use of speaking on them now and taking a lot of the time of the House?

Sri T. P. SRINIVASAVARADAN : The hospital is understaffed.

Mr. CHAIRMAN : Let the committee go into all these things, if one is appointed. That is the purpose of appointing a committee.

Sri T. P. SRINIVASAVARADAN : Sir, I am making out a case for the appointment of a committee.

Mr. CHAIRMAN : We have to go through a lot of business to-day. That is why I am saying this.

Sri T. P. SRINIVASAVARADAN : If I put it in a general way, the Government simply say that they will look into it. As a matter of fact, the Advisory Committee has passed a number of resolutions and brought them to the notice of the Government, but no action has been taken. I have been a member of the committee for the past four years.

Then, if the bathroom requires repairs, it is not immediately attended to. The Public Works Department should go and inspect and then prepare the estimates. Then the estimates must be approved. It all takes nearly a month. Thus it takes a long time for the bathroom to be repaired.

Another thing I should point out. In the Royapettah Hospital we found the contagious diseases ward. The Superintendent of the Hospital drew our attention to it. It contains cases of diphtheria and other contagious diseases. The wards containing cases of infectious and contagious diseases should be kept apart. They should not be in the same hospital.

Then, the Honorary Assistant Physicians and Honorary Assistant Surgeons are not paid anything at all. We must pay something to them.

Mr. CHAIRMAN : What is it that the hon. Member wants to be paid to them?

Sri T. P. SRINIVASAVARADAN : An honorarium should be paid to them. If you expect a man to work, it is natural that he should be paid something ,at least to enable him to keep his body and soul together.

Now, so many reports have come out, but nothing has been done. The hon. Member Sri Balasubramanya Ayyar has moved that a committee be appointed. I am for it. My only regret is that the recommendations of committees find a safe place in some pigeonhole in the Secretariat. Health is next to food. Government hospitals should be improved. The condition in the General

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Hospital also is not good. Actual bed-strength is greater than the sanctioned strength. Therefore, I request the Hon. Minister to take this up seriously and accept the Resolution.

(Sri G. Krishnamoorthy rose.)

MR. CHAIRMAN : The hon. Member Sri G. Krishnamoorthy will please make a short speech.

SRI G. KRISHNAMOORTHY : Mr .Chairman, Sir, I do welcome this Resolution, requiring the appointment of a committee to go into the state of medical affairs. It is an undeniable fact that people in the rural parts are not able to get medical aid and we have been seeing all these years that the Government have not been able to tackle this problem. Under the circumstances, I would suggest a few items for the committee that is to be appointed to go into. They can, first of all, explore the possibility of reviving the Indian system of medicine at least in the rural parts, especially when we have a lot of records in the Saraswathi Mahal Library, Thanjavur.

The second thing is this. There is a tendency on the part of the people to rush to the doctors for every sundry ailment. If really at the school level especially for women some remedies are taught through the educational syllabus, they need not take their children to the doctor and wait there for hours together.

4-10 p.m. Then, Sir, the preventive side should be gone into in detail by the Committee. I have been repeatedly making representations in this House that the dining houses, the hostels and hotels are breeding houses of diseases. Can we not substitute paper plates and paper cups for these plates that are used in those places? These plates are not washed properly for want of time and so on. We can very well use leaves instead. If we are not able to get leaves, Government can pass an order saying that only paper plates or cups should be used in these hotels.

There is lot of adulteration in the foodstuffs we got now, not to speak of the latest contamination taking place through these foodstuffs having to go through various processes during transport storage and we find through these unwanted processes there is contamination of the wheat flour to-day. Some sort of arrangements should, therefore, be made by this Committee to see that every kind of food-stuff imported in the State, whether it is milk powder or wheat flour or anything else, is properly inspected at the customs itself and then only arrangements made for their distribution. During the 150 years of foreign rule, I do not think we had such cases of poison in foodstuffs. I do not also think we were using pesticides in our fields poisoning the crops, or using folidol and other things. Now we dare to kill the insects in the land of Gandhiji, in the land of Ahimsa in order to get more food (Interruption) for man. So, the committee should go into all these questions and especially the preventive side. There is much work for the Commitee and I, therefore, do welcome the Resolution.

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DR. A. LAKSHMANASWAMI MUDALIAR: Mr. Chairman, Sir, I am a little embarrassed to participate in this discussion. I must confess that we have produced more literature than is worth and the Secretariats in different places have not been able to find adequate space for them. Perhaps the latest is the Report of the Health Survey and Planning Committee submitted six months ago. With the change of the Ministry and change of personnel, I dare say that it would take some years before it is considered when another health survey committee may have to be appointed.

Sir, all that I wish to state is this. Whatever may be the methods adopted, I think it is for our State to decide what steps they should take to deal with these problems. The problems are so many and—if I may respectfully put it—they have been neglected for the last several years for reasons which I need not go into now, which I have explained in the Council. At present we have to begin from the very beginning.

Coming to medical education, I hold very strong opinions on the manner in which the very selection of candidates should be done. I have just received a letter from Mr. Frank Anthony that a very brilliant candidate was not selected for medical education, the only boy from the Anglo-Indian community. There have been many things reported about nurses. I hear there is a ban on Anglo-Indian women being taken in on the ostensible plea that they are not fully conversant with Tamil which is considered important. To my knowledge—I am speaking with fifty years of experience, continuous experience—the Anglo-Indians form the bulwark of the nursing profession to give adequate standards. It is not that our own Indian women are less qualified for that profession but certainly I think it is wrong to ban the recruitment of Anglo-Indian women as such.

I have repeatedly mentioned that drug control does not exist. It is only a facade for making the people believe that there is control. I have referred to it in various statements I have made. The Government have made a sort of drug control where they expect their officers to go and see how much of the drugs are stocked in particular shops. The practice adopted in other countries is quite different. The first step taken by them is to see that the original manufacturing side is inspected, to see that they have a plan for standardisation and for preparing it. Only such manufacturing concerns are allowed to produce drugs. Now here it is all a question of licensing. Anybody can go and get a licence if he has got the money. I say this with all deference to what is going on now. The person goes and gets a licence. What are his credentials? Nothing at all, except that he has got the big purse about which we all talk. The result of it is there are 2,000 people who have licences to produce drugs; without knowing anything of the drugs themselves, how can they be depended upon to produce pure drugs? The report referred to by me has very strongly criticised the whole of the present drug control system. Unless something is done radically, we cannot improve the position. If

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others do not co-operate, let us have a separate control for Madras and only deal with those drugs we purchase. I am prepared to go even to that extent because this question of adulteration at the source should be checked. The vials used by medical men are very easily saleable in the secondhand market. Why are they sold? And why are those who produce these drugs imitate foreign labels and paste them on those drugs? Webster's phosphatum, a preparation that was originally made in a foreign country is now produced within two miles of this place and the pasting of the slip is exactly what it was before. We are very good imitators.

Then, so far as the question of providing rural medical relief and so on is concerned, what exactly is rural medical relief? It is not posting of medical men that constitutes rural medical relief. The Bhore Committee and the other Committee have given an exact idea as to the requirements of rural medical relief. Let us not delude ourselves and the public that we have extended rural medical relief simply because we have put up some structures and posted some doctors here and there. It is false economy and it is a false method of giving medical relief. I find the Committee has strongly recommended not to open more rural medical centres unless the existing ones are upgraded. It has also made the positive suggestion that the best way to do it is to have a mobile unit going to the villages. The Hon. Minister the other day explained the position and made a very good and elaborate statement on this —the first of its kind within my knowledge in these 15 years— in replying to a question—I hope more questions will be answered in that manner and I do not suggest it to the Hon. the Leader of the House. A detailed answer was given which shows that given the will, we can give medical relief in other ways than by merely opening health centres and taking credit for it that we have opened 400 or 500 health centres.

Then, Sir, we have been pressing—not because we feel that it is a small thing but a most essential thing—for pure potable water-supply. What do we find? The Government of Madras have recently passed some orders in respect of the water-supply scheme —I hope the Hon. the Health Minister would have been consulted on that—which I am unable to understand. They say that so much distance will be covered and the rest will be open channel. That reminds me of the old story which many of my young friends here may not know. We had what is called 'Melonous mixture'. A famous Commissioner on the advice of the Health Officer said: 'You put one-fourth of purified water and three-fourth of adulterated water; you get the Melonous mixture'. (Laughter.) Is there any meaning in trying to save Rs. 2 lakhs, instead of getting the water in concrete pipes right from the original source, from the Red Hills to Madras? Let us not shrink from it. Even though we may not agree to it, this particular experiment now advocated, far from giving pure water-supply, will give us polluted water-supply. These are things which have to be carefully worked out, not only by the Engineering department but with the co-operation of the Health Department also.

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Sir, I will refer to one other point and stop, because many of these things will have to be discussed by the Committee to be appointed and certainly enough has been written in the reports that have already been published. Not only that. I was all surprise to see that a report that was presented to the Government more than a year ago has suddenly been released to the Indian Express and it has been printed in three columns. I do not know how it got out. It is a revealing thing. At least now the Members of the Legislature can through the courtesy of the paper read the particular report. This report was with particular reference to the Madras City and some of the border areas of Madras City. I do not mind what happens to the report. I have been accustomed to many of these reports with which my unfortunate name has been associated being shelved or put in cold storage. It does not matter. I only want the Government to say what they are going to do with that report. They might very well say they will be considered, or they are under consideration and so on. We are all very aware of the formula of the Government and the language of the formula is very well known to us.

Sir, coming to the Resolution, the idea behind it is how best to promote the health of the people. Various suggestions have been made. Various methods of getting doctors trained in the different systems have been suggested. I am not going to deal with them all. My hon. Friend Sri Gajapathy Nayagar knows more about it. I do not know if he is practising one of the systems also. But what I do suggest is, when we see that medical science is advancing at such a tremendous rate, we do not think it is really in the interest of the public to have ill-qualified doctors. We have no antipathy to any other system. We have no particular interest to safeguard our own interests. We know what has happened. I was myself a teacher for many years in a medical school. I have been for many longer years in a medical college. I know the teaching that is given there. Not all the teaching done there is quite satisfactory. But still there are ways of getting the person to do the right thing.

I hope, Sir, whenever this Committee is appointed, it will be in a position to deal with many more things. I find that the hon. Member Dr. Sreenivasan has conveniently absented himself. He might have given more suggestions of a more revolutionary nature. Being a peaceful person, I do want the Government to think of these things and take such measures as they think fit.

4-20 p.m.

THE HON. SRIMATHI JOTHI VENCATACHELLUM: Mr. Chairman, Sir, while thanking hon. Members for their suggestions, I wish to state the methods which the Government desire to adopt regarding the suggestions made. A detailed report has been received from the Director of Medical Services and the Director of Public Health in this matter. At the moment, we are having about 11 hospitals in Madras City (including Tambaram) including the specialist institutions like the Mental Hospital and the Ophthalmic Hospital. As regards the dearth of doctors, Sri Balasubramanya Ayyar suggested the improvements to be made in the

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service conditions of the doctors. I may say that the necessary improvements that are to be effected in the hospitals with reference to the recommendations of the Dr. A. Lakshmanaswami Mudaliar Committee have been taken into consideration, and wherever possible, the Government are taking action. The recommendations will be implemented very soon.

In the mofussil, there are twelve district headquarters, hospitals, 86 taluk headquarters hospitals, 85 non-taluk headquarters hospitals, 81 Government dispensaries and 124 primary health centres, with a bed-strength of nearly 10,600 odd. Improvements are also being effected to upgrade the headquarters hospitals and the primary health centres.

Hon. Members have suggested the starting of mobile units. I must say that there are already four mobile units working in the districts. In the hill areas, difficulty is experienced by the mobile vans when they go out for giving treatment to the patients. While climbing up the hills, the vans are sometimes damaged, and they are, therefore, bound to be in repair for a few months. For this reason, the Government feel that jeeps should be introduced with all the medical facilities. Even in cases where the patients are to be carried, they would be carried in the jeep. We have to-day the Employees' State Insurance Scheme under which hospitals and dispensaries have to be established for the benefit of the labour population. There is also a proposal to increase the existing medical facilities and for opening nearly 220 primary health centres, in which tuberculosis clinics, leprosy clinics, and family planning clinics, could be provided. The establishment of a medical college with additional medical officers and nurses is also engaging the attention of the Government. We are having five medical colleges in our State with an in-take of nearly 600 students every year. But still I must admit that there is shortage of doctors. The hon. Member Sri Balasubramanya Ayyar stated that many doctors had resigned. I may say that the resignations are for various reasons—many of them due to domestic reasons and some others for bettering their prospects. Some others have resigned for other reasons. However, Sir, in regard to the suggestion of the hon. Member Sri Balasubramanya Ayyar to take a bond from the students to serve the Government, I may say that we are already doing this, but the bond is not binding on them. We just feel that the doctors when they give the bond will have the conscience to serve this Government. But many have left after their house surgeoncy. They have left our service to join the various other Governments or to set up private practice or to join the railway service. To fill up the posts that are at present vacant, as an incentive, giving them a special allowance, free quarters and better amenities is under the consideration of the Government. I am sure that this will be implemented soon. We are also taking keen interest in appointing G.C.I.Ms. to solve this problem. We hope that this problem will be completely solved when the students from the Thanjavur Medical College, the Madurai and the Kilpauk Medical College graduate themselves.

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In regard to the allegation implied in the Resolution that the medical and nursing staff are not given opportunities to function efficiently, I may say that every year a number of medical officers are deputed for training in diploma and degree courses and for post-graduate courses within our country and also abroad under the Colombo Plan and the W.H.O. Plan. Short term training course are also conducted in the training hospitals wherever possible. The students are also afforded facilities to undergo higher grade training. Pay and allowances of the staff have recently been increased, and efforts are made to provide them with residential quarters. Everything that is possible is done to improve the efficiency of the medical and nursing staff.

As regards the control of contagious and infectious diseases, I may say that the prevalence of cholera and small-pox has been largely controlled. The State is practically free from cholera. Small-pox is prevalent in some of the areas. Mobile epidemic units have also been provided with the necessary staff in the current year. This unit has been very helpful in controlling small-pox epidemic. In the Third Five-Year Plan there are also schemes for the eradication of malaria and small-pox. There is a token provision of Rs. 130 lakhs for the five years. For eradication of small-pox, mass vaccination has to be conducted. It is already in progress in Madras City, Chingleput and North Arcot districts. The scheme will be extended to the other districts as well. 4-30 p.m.

The hon. Member Sri Srinivasavaradan referred to the need for isolation of patients suffering from infectious diseases. At present, the statistics show that diphtheria, tetanus and whooping cough are prevalent among children in the age-group of 1 to 5 years. A scheme for immunising children from such diseases is being formulated and I am sure it will be implemented through the agency of primary health centres. A special co-ordinating officer has also been appointed for the eradication of plague in the southern districts of Madras, Mysore and Andhra Pradesh. He has been appointed by the Government of India and the work has already started. An epidemological unit under the Director of Public Health is also being established. I am sure it will conduct prompt investigation of the outbreak of epidemic and infectious diseases and go into the question of proper diagnosis and institution of control measures.

With regard to the implementation of the recommendations of the All-India Committee on Health Conditions in the country, the Director of Medical Services has stated that the suggestions made by the Bhore Committee and Dr. Mudaliar Committee have been implemented in the State wherever possible. The recommendations made by the Committee on Medical Education under the chairmanship of our Leader of the Opposition are also being examined and implemented wherever possible.

The hon. Member Sri G. Krishnamoorthy has made a suggestion to revive the Indian system of medicine and to appoint doctors

of the Indian systems of medicine in the rural areas. I may say that the people in the rural areas are more particular to have allopathic treatment than treatment under the indigenous systems of medicine. However, for want of doctors, already the G.C.I.M.'s have been posted in the rural areas and they are doing good work. Whether in the rural areas or in the city, it is only after losing faith in the allopathic system of medicine, people resort to the Indian system of medicine. Under these circumstances, Government feel that all doctors after completing their House Surgeoncy course should be compelled to go to the rural areas at least for a period of two years. Difficulty arises only when the doctors for various reasons of their own refuse to join duty and work in the rural areas. For that reason all the best amenities possible are being provided by the Government to these doctors.

I am very grateful to our elder Member, the Leader of the Opposition, for the confidence he has in me. He did not want to speak on this resolution. It was the Deputy Leader of the Opposition who felt that he should say a few words since it concerns public health. The Leader of the Opposition feels that certain measures regarding public health should be given the best of consideration and implemented during the forthcoming years. With regard to the alleged ban on the recruitment of Anglo-Indian nurses, I may say that it is not true that Anglo-Indian nurses are not recruited. But Anglo-Indian nurses are not forthcoming as they were before. One particular case was brought to my notice where an Anglo-Indian girl had failed for want of a few marks in Tamil. The department is taking the matter into consideration and I am sure the girl will be given exemption and employed. That is the only one case that has come to my notice. I have already asked the hon. Member of the Lower House Srimathi Suares to ask the Anglo-Indian people whom she comes across to apply for the Nurses' training if they feel like that. However, the hon. Member's suggestion will be considered.

With regard to the drug control measures, I may say that there are four Drug Inspectors in the City and one Drug Inspector for each district. They are going for inspection and whenever during their inspection they find the medicines are sub-standard, immediate action is taken. Whatever suggestions are given, I am sure they will be given the best of consideration and implemented wherever possible.

Regarding the water-supply scheme which the hon. the Leader of the Opposition mentioned, I may say that it has not been finally decided by the Government yet. The opinion of the Commissioner of the Corporation is also invited as the Leader of the Opposition has pointed out that in the open channel there is possibility of pollution. The Government have not come to any final decision in the matter yet.

The recommendations of the Bhore Committee and Dr. Mudaliar Committee are being examined and implemented wherever possible. I am sure many of the suggestions will be considered in the best

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interests of the general public. Everything possible is being done for the provision of adequate medical relief and for the prevention and control of diseases with due regard to our financial resources. Not only do we find difficulty in financial resources but there is difficulty in finding the technical personnel to be appointed. Under the circumstances, there seems to be no need for the appointment of a committee as proposed in the resolution.

MR. CHAIRMAN : Is the hon. Member pressing his resolution?

SRI K. BALASUBRAMANYA AYYAR : If the Government do not accept the resolution, the only way open to us is to withdraw the resolution. (Laughter.) I am withdrawing the resolution, Sir.

The resolution was, by leave withdrawn. 4-40 p.m.

MR. CHAIRMAN : We will now take up the resolution standing in the name of the hon. Member Sri S. K. Sambandhan.

DR. A. LAKSHMANASWAMI MUDALIAR : Mr. Chairman, Sir, may I request you to kindly allow the hon. Members to move the resolutions standing in their names formally and get them seconded and then adjourn the discussion on the resolutions to the next non-official day? It is already 5 o'clock and we have plenty of items on the agenda and we cannot complete all the items to-day itself if we continue the discussion on the resolutions. I had a talk with the Hon. the Leader of the House and he is agreeable to have the discussion on the resolutions postponed to the next non-official day after they are formally moved and seconded.

I move—

'That resolutions Nos. 3, 4 and 5 be moved and seconded and the further discussion thereon be postponed to the next non-official day'.

The motion was duly seconded.

MR. CHAIRMAN : The question is—

'That resolutions Nos. 3, 4 and 5 be moved and seconded and the further discussion thereon be postponed to the next non-official day'.

The motion was put and carried.

(3) HANDLOOM INDUSTRY AND HANDLOOM WEAVERS.

SRI S. K. SAMBANDHAN : Mr. Chairman, Sir, I move—

'This House recommends to the Government to examine comprehensively the position and problems of the handloom industry and handloom weavers in the State and to take necessary immediate steps for the rehabilitation of the handloom industry and the handloom weavers in general and in particular (1) for the improvement of the export of handloom fabrics, (2) for the stabilisation of the external market for the variety popularly known as "Bleeding